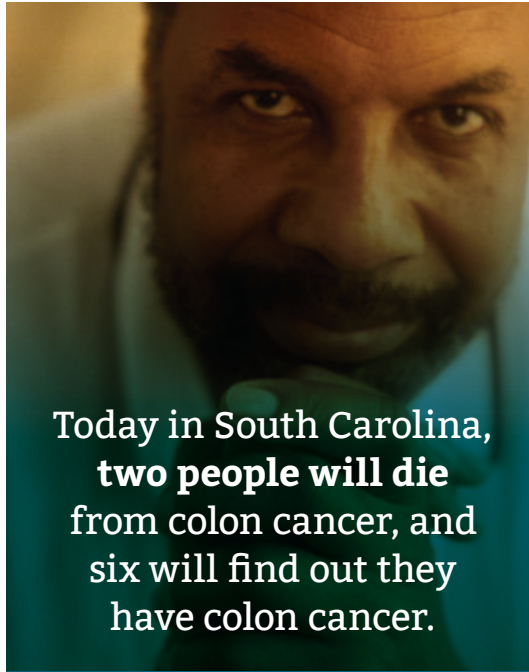


Colorectal Cancer in South Carolina

Screening Saves Lives and Money



Today in South Carolina,
two people will die
from colon cancer, and
six will find out they
have colon cancer.

Learn the Facts

- Colorectal cancer (CRC) is the second most common cause of cancer deaths in the U.S. and in South Carolina. Nearly 2,130 cases of CRC are diagnosed with more than 840 deaths in South Carolina each year.¹
- Although CRC death rates have declined in both men and women over the past two decades within our state, death rates remain higher in men compared to women.²
- Similarly, CRC death rates have declined for both blacks and whites over the same time period, however, death rates remain higher in blacks compared to whites.²
- Early stage CRC does not usually have symptoms.
- If screened early, CRC can be detected and prevented. Early screening saves lives and money. CRC survival is greatly decreased and very expensive to treat when diagnosed in late stage.
- CRC screening is the most cost effective cancer screening available.³

Risks and Screening

- Age is the major risk factor for CRC with 95 percent of deaths occurring in people age 50 or older; more than 60 percent of these deaths could be avoided with screening.⁴
- Modifiable risk factors associated with increased risk include obesity, physical activity, a diet high in red or processed meat, alcohol consumption, tobacco use, and not eating enough fruits and vegetables.
- Hereditary and medical risk factors include a personal or family history of CRC and/or polyps, a personal history of chronic inflammatory bowel disease, and certain inherited genetic conditions.
- Screening tests such as a colonoscopy can find polyps so they can be removed before they turn into cancer.
- Access to CRC screening services with no patient co-pay or deductibles improves screening rates.⁵



¹ American Cancer Society Facts & Figures, 2015

² Incidence data provided by the South Carolina Central Cancer Registry, Office of PHSIS, DHEC; mortality data provided by the Division of Vital Records, PHSIS, DHEC

³ Pyenson, B. & Zenner, P.A. (2005). *Cancer Screening: Payer Cost / Benefit thru Employee Benefits Programs*. Milliman, Inc.

⁴ US Preventive Services Task Force. *Screening for Colorectal Cancer*. U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med*, 2008;149(9):627-637.

⁵ US Preventive Services Task Force (2010). *U.S. Preventive Services Task Force A and B Recommendations*.